PART B - FEE(S) TRANSMITT

Complete and sendethis form, to were with applicable fee(s), to: Mail					P.O. Box 1450 Alexandria, Virginia 22313-1450		
\ 3 .	8/			<u>Fax</u>	(571)-273-2885	•	
INSTRUCTONS: This appropriate appropriate corrected indicated unless corrected maintenance fee notification	below or directed otherwise	Ismitting the ISSU Patent, advance or in Block 1, by (a	E FEE and I ders and noting) specifying a	PUBLIC fication new co	ATION FEE (if requ of maintenance fees v orrespondence address	nired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for
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21005 7590 05/30/2006 HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133					have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
CONCORD, MA 01742-9133 9/01/2006 MWOLDGE2 00000008 08700737					Jennifer A. Torpey (Depositor's name)		
					Quindu Ocualis (Signature)		
1 FC:1501 1400.00 OP 2 FC:8001 45.00 OP					August 28,	2006	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/700,737 08/15/1996 PAUL D. PONA				PONATI	Η	LKS95-10	4692
TITLE OF INVENTION: H	UMANIZED IMMUNOGL	OBULIN REACTI	VE WITH AL	PHA 4	BETA 7 INTEGRIN		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATÉ DUE
nonprovisional	NO	\$1400			\$0	\$1400	08/30/2006
EXAMINER		ART UNIT		CL	ASS-SUBCLASS]	
SCHWADRON, RONALD B			14 53		536-023530	_	
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Hamilton, Brook, Smith 2 2 3 3						
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Millennium Pharmaceuticals, Inc. Cambridge, Massachusetts							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🛄 Government							
4a. The following fee(s) are enclosed: \$\overline{\mathbb{X}}\$ Issue Fee \$\overline{\mathbb{P}}\$ A check in the amount of the fee(s) is enclosed. \$\overline{\mathbb{P}}\$ Publication Fee (No small entity discount permitted) \$\overline{\mathbb{N}}\$ Advance Order - # of Copies \(\overline{\mathbb{1}}\$ to C \\ \overline{\mathbb{D}}\$ to C \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						8 is attached. to charge any a arge the required tec(s), of cre	deficiency cut any overpayment, to ra copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. See 37 C	
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Authorized Signature Kobert N. Unolluvov					Date August 28, 2006		
Typed or printed name _	Robert H. Ur					No. 45,170	· · · · · · · · · · · · · · · · · · ·
an application. Confidential	ity is governed by 35 U.S.C oplication form to the USPT s for reducing this burden, sl inia 22313-1450. DO NOT	. 122 and 37 CFR: O. Time will vary	l.14. This col depending ur	lection is on the i	s estimated to take 12 ndividual case. Any c	the public which is to file (an minutes to complete, includi omments on the amount of ti I Trademark Office, U.S. Der S. SEND TO: Commissioner	ng gathering, preparing, and me you require to complete

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